Image# 28993097784 11/7**03**/7**20018** 14:35

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

Defenders of Willdife Action Fund (b) Address (number and street)	(a) Name of Individual, Organization or Corporation	1
(b) Address (number and street)	•	
130 17th St NW (c) City, State and ZIP Code Washington DC 20036 C C90007907		
Washington DC 20036 C corporate filers only Is the filer a qualified nonprofit corporation? Individual filers only Is the filer a qualified nonprofit corporation? A. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report		
Washington DC 20036 C Copporate filers only Is the filer a qualified nonprofit corporation?	(c) City, State and ZIP Code	
Is the filer a qualified nonprofit corporation?	Washington DC 20036	
Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report		C C90007907
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice 48-Hour Notice	Is the filer a qualified nonprofit corporation? X Yes No	
4. TYPE OF REPORT (check appropriate boxes): (a)	Individual filers only Name of Employer	Occupation
(a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes X No 5. COVERING PERIOD: FROM M N O S N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		•
(a) April 15 Quarterly Report July 15 Quarterly Report October Quarterly Report January 31 Year-End Report (b) Is this Report an amendment? Yes X No 5. COVERING PERIOD: FROM M N O S N Y Y O N S N Y Y O N S N O S	<u> </u>	
July 15 Quarterly Report October Quarterly Report January 31 Year-End Report	4. TYPE OF REPORT (check appropriate boxes):	
Cotober Quarterly Report January 31 Year-End Report	(a) April 15 Quarterly Report	Notice
(b) Is this Report an amendment? Yes X No 5. COVERING PERIOD: FROM M N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	☐ July 15 Quarterly Report	
(b) Is this Report an amendment? Yes X No 5. COVERING PERIOD: FROM M N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	October Quarterly Report	
(b) Is this Report an amendment? Yes X No 5. COVERING PERIOD: FROM M ₁ M ₂ M ₃ M ₁ V ₂ M ₃ M ₃ THROUGH M ₁ M ₁ M ₂ M ₃ M ₃ V ₂ M ₃ M ₃ 6. TOTAL CONTRIBUTIONS		
5. COVERING PERIOD: FROM Mode of the composition of	□ January 31 Year-End Report	
5. COVERING PERIOD: FROM M M M D D D V V V V V V V		
THROUGH M O D D D D D D D D D D D D D D D D D D	(b) Is this Report an amendment? Yes X No	
6. TOTAL CONTRIBUTIONS	5. COVERING PERIOD: FROM M, M, M, J, D, D, J, Y,	
6. TOTAL CONTRIBUTIONS	THROUGH	
7. TOTAL INDEPENDENT EXPENDITURES	M M M / D M D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
7. TOTAL INDEPENDENT EXPENDITURES		
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE William Lutz	6. TOTAL CONTRIBUTIONS	2040.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE William Lutz		
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE William Lutz	7. TOTAL INDEPENDENT EXPENDITURES	2965.16
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE William Lutz		
William Lutz 11/03/2008	request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if	the independent expenditures
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
NOTE: Submission of false arrangeus or incomplete information may subject the paragraph of this report to the paralline of 0.11.5.0. 407-	William Lutz	11/03/2008
1401 L. Submission of faise, entrineous of incomplete information may subject the person signing this report to the penalties of 2 0.5.0 437g.	NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person f the name and address of any political committee to so	or the purpose of soliciting contributions licit contributions from such committee
NAME OF FILER (In Full) Defenders of Willdife Action Fund		
L. Full Name (Last, First, Middle Initial) Unitemized Receipts Mailing Address 1130 17th St NW City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20036	Amount of Each Receipt this Period 2040.00
Name of Employer	Occupation	on
N/A	N/A	
\(\frac{1}{2}\)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

SUBTOTAL of Receipts This Page (optional)	2040.00
TOTAL This Period (last page carry total to Line 6)	2040.00

EMIZED INDEPENDENT EXPENDITURI	ES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
Defenders of Willdife Action Fund			
Full Name (Last, First, Middle Initial) of Payee			Date
Alphagraphics			M M / D D / Y Y Y
Mailing Address			10 31 2008
4020 S. College Suite 7			Amount
City	State	Zip Code	791.18
Fort Collins	CO	80525	
Purpose of Expenditure		Category/	Office Sought: X House State: CO
copies		Type	House
Name of Federal Candidate Supported or Oppose	d by Expenditure): :	President District: 04
ELIZABETH HELEN MARKEY			Check One: X Support Oppose
Colordon Vern To Data Day Florting			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		791.18	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Andrew Cole Catering			
Mailing Address			1.0 3.1 2.008
2710 SE Frontage Road			Amount
City	State	Zip Code	100.00
Fort Collins	CO	80525	
Purpose of Expenditure		Category/	Office Sought: X House State: CO
dinner for canvassers		Туре	House Senate District: 04
Name of Federal Candidate Supported or Oppose	d by Expenditure	:	President President
MARILYN MUSGRAVE			Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		875.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Chopstix			
Mailing Address			M M / B 3 1 / Y 2 0 0 8 Y
6001 Lomas NE			Amount
City	State	Zip Code	43.97
Albuquerque	NM	·	
Purpose of Expenditure		Category/	Office Sought: X House State: NM
working lunch		Type	House
Name of Federal Candidate Supported or Oppose	d by Expenditure): :	President District: 01
Martin HEINRICH			Check One: X Support Oppose
Colonday Vacy To Data Day Floation			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		43.97	2008 Other (specify)
			935.15
(a) SUBTOTAL of Itemized Independent Expendit	ures		
(b) SUBTOTALof Unitemized Independent Expen	ditures		
(b) CODICIALS: CINCOMIZED INCOPORTION Export	altar oo		
(c) TOTAL Independent Expenditures			
/	7\		

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NAME OF FILER (In Full) Defenders of Willdife Action Fund	
Full Name (Last, First, Middle Initial) of Payee Chopstix	Date M M / D D / Y Y Y Y
Mailing Address 6001 Lomas NE	Amount M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Albuquerque NM	43.98
Purpose of Expenditure working lunch Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 87.95	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Cuppy's Coffee	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 353 W. Drake Rd	Amount 16.01
City State Zip Code Fort Collins CO 80526	
Purpose of Expenditure coffee Category/ Type	Office Sought: X House State: CO House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: MARILYN MUSGRAVE	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought 93.17	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Sisy Garcia	Date
Mailing Address 204 Valencia Dr NE	Amount
City State Zip Code Albuquerque NM 87108	8.19
Purpose of Expenditure mileage Category/ Type	Office Sought: X House State: NM House Senate District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Martin HEINRICH	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2738.03	Disbursement For: 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	68.18
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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AME OF FILER (In Full) Defenders of Willdife Action Fund			
Full Name (Last, First, Middle Initial) of Payee Sisy Garcia			Date
Mailing Address 204 Valencia Dr NE			M M / D D / Y Y Y Y Y Amount
City Albuquerque	State NM	Zip Code 87108	8.19
Purpose of Expenditure mileage		Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Oppo BARACK OBAMA	sed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		2746.22	Disbursement For: 2008 Other (specify) Disbursement For: X General
Full Name (Last, First, Middle Initial) of Payee La Dolce Vita			Date Date
Mailing Address 2555 S. Shields St #B			Amount 45.65
City Fort Collins	State CO	Zip Code 80526	43.03
Purpose of Expenditure snacks		Category/ Type	Office Sought: X House State: CO House Senate District: 04
Name of Federal Candidate Supported or Oppo MARILYN MUSGRAVE	sed by Expenditure:		Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		45.65	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Jesse Lifton			Date Date
Mailing Address 1600 San Pedro Dr NE			Amount
City Albuquerque	State NM	Zip Code 87102	27.20
Purpose of Expenditure mileage		Category/ Type	Office Sought: X House State: NM House Senate District: 01
Name of Federal Candidate Supported or Oppo Martin HEINRICH	sed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		4775.53	Disbursement For: 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expen	ditures		81.04
(b) SUBTOTALof Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to			

NAME OF FILER (In Full) Defenders of Willdife Action Fund	
Defenders of Willalle Action Fund	
Full Name (Last, First, Middle Initial) of Payee Jesse Lifton	Date
Mailing Address 1600 San Pedro Dr NE	M M / D D / Y Y Y Y Y Amount
City State Zip Code Albuquerque NM 87102	27.21
Purpose of Expenditure Category/ Type	Office Sought: House State: Presidential Senate
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4802.74	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Lincoln Place Apartments	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 E 5th St	Amount 445.16
City State Zip Code Loveland CO 80537	740.10
Purpose of Expenditure Category/ Type	Office Sought: House State: CO Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MARK E UDALL	President Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2285.16	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Lincoln Place Apartments	Date M_M_M / D_D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 E 5th St	Amount
City State Zip Code Loveland CO 80537	445.16
Purpose of Expenditure staff housing Category/ Type	Office Sought: House State: Presidential Senate Senate
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2730.32	Disbursement For: Primary X General 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	917,53
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full)

Defenders of Willdife Action Fund		
Full Name (Last, First, Middle Initial) of Payee Christopher Longo		Date
Mailing Address 3300 Bayfield Dr		M M / D D / Y Y Y Y Y A Amount
City State Loveland CO	Zip Code 80538	50.00
Purpose of Expenditure	Category/	Office Sought: House State: CO
Name of Federal Candidate Supported or Opposed by Expenditur	Typee:	Senate X Senate District: 00
MARK E UDALL Calendar Year-To-Date Per Election		Check One: X Support Oppose Disbursement For: Primary X General
for Office Sought	1118.48	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Christopher Longo		Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3300 Bayfield Dr		Amount
City State Loveland CO	Zip Code 80538	50.00
Purpose of Expenditure cell phone bill	Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditur BARACK OBAMA	e:	X President Oppose X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	1168.48	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Office Depot		Date Date
Mailing Address 3500 S College Ave		Amount
City State Fort Collins CO	Zip Code	450.22
Purpose of Expenditure paper, toner, pens	Category/ Type	Office Sought: X House State: CO House Senate
Name of Federal Candidate Supported or Opposed by Expenditur ELIZABETH HELEN MARKEY	e:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	799.02	Disbursement For: Primary X General 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		550.22
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		

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AME OF FILER (In Full) Defenders of Willdife Action Fund	
Full Name (Last, First, Middle Initial) of Payee Peakview	Date
Mailing Address 341 Knobcone Dr	Amount 2 0 0 8
City State Zip Code Loveland CO 80528	210.83
Purpose of Expenditure Category/ Type	Office Sought: House State: CO Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: MARK E UDALL	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1732.83	Disbursement For: 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Peakview	Date Date
Mailing Address 341 Knobcone Dr	Amount
City State Zip Code Loveland CO 80528	210.83
Purpose of Expenditure Staff housing Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	X President Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Smith's	Date
Mailing Address 6001 Lomas NE	Amount
City State Zip Code Albuquerque NM	19.24
Purpose of Expenditure Supplies Category/ Type	Office Sought: X House State: NM House Senate District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Martin HEINRICH	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2008 Other (specify) Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	440.90
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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AME OF FILER (In Full) Defenders of Willdife Action Fund			
Full Name (Last, First, Middle Initial) of Payee Smith's			Date M M / D D / Y Y Y Y
Mailing Address 6001 Lomas NE			1 0 3 1 2 0 0 8 Amount
City Albuquerque	State NM	Zip Code	19.24
Purpose of Expenditure supplies		Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Oppo BARACK OBAMA	osed by Expenditure:	•	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		38.48	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Oliver Sutter			Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 149 Camino sin numbre			Amount 11.11
City Corrales	State NM	Zip Code 87048	
Purpose of Expenditure mileage		Category/ Type	Office Sought: X House State: NM House Senate District: 01
Name of Federal Candidate Supported or Oppo Martin HEINRICH	osed by Expenditure:	•	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		919.38	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Oliver Sutter			Date Date
Mailing Address 149 Camino sin numbre			Amount 11.12
City Corrales	State NM	Zip Code 87048	
Purpose of Expenditure mileage		Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Oppo BARACK OBAMA	osed by Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		930.50	Disbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures		41.47
(b) SUBTOTALof Unitemized Independent Exp	penditures		
(c) TOTAL Independent Expenditures(carry total from last page forward to			

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IAME OF FILER (In Full) Defenders of Willdife Action Fund	
Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski	Date M M / D D / Y Y Y Y
Mailing Address 80 Hughson Rd	Amount 2 0 0 8
City State Zip Code Carmel NY 10512	37.15
Purpose of Expenditure Category/ Type	Office Sought: House State: CO Senate X Senate
Name of Federal Candidate Supported or Opposed by Expenditure: MARK E UDALL	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski	Date Date Date Date Date Date Date Date Dat
Mailing Address 80 Hughson Rd	Amount
City State Zip Code Carmel NY 10512	37.15
Purpose of Expenditure Category/ Type	Office Sought: House State: Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	X President Oppose Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Ed Yoon	Date
Mailing Address 611 Lead Ave SW #505	Amount
City State Zip Code Albuquerque NM 87102	22.23
Purpose of Expenditure Category/ Type	Office Sought: X House State: NM House Senate District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Martin HEINRICH	President Oppose Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 122393.08	Disbursement For: 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	96.53
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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MIZED INDEPENDENT EXPENDITURE	=5	FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)		
Defenders of Willdife Action Fund		
Full Name (Last, First, Middle Initial) of Payee		Date
Ed Yoon		
Mailing Address		M M / D D / Y Y Y Y Y Y
611 Lead Ave SW #505		Amount
Cit.	State Zip Code	22.23
City Albuquerque	NM 87102	
Purpose of Expenditure	<u> </u>	Office Sought: House Charles
mileage	Category/ Type	State:
		Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed BARACK OBAMA	d by Expenditure:	
DAI IAON ODAINA		Check One: X Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General	
for Office Sought	122415.31	Other (specify)
(a) OUDTOTAL at the state of th		22.23
(a) SUBTOTAL of Itemized Independent Expenditu	ures	
(b) SUBTOTALof Unitemized Independent Expendent	ditures	
		3153.25
(c) TOTAL Independent Expenditures		0100.20

(carry total from last page forward to Line 7)

Image# 28993097795

Form/Schedule: **F56**Transaction ID: **F56.4934**This entry covers contributions of \$200 or less, received on 10/31/2008. The address given is the address of Defenders of Wildlife Action Fund.